## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					ME	1,5271
1 Date of Request: 2 Serial/Patent				#	֓֞֞֜֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
3 Please refund the following fee(s):		4 PAPER NUMBER			5 DATE FILED 6 AMOUN	
Filing						\$
Amendment			. =- "			\$
Extension of Time						\$
Notice of Appeal/Appeal						\$
Petition						\$
Issue						\$
Cert of Correction/Terminal Disc.						\$
Maintenance						\$
Assignment						\$
Other						\$
		7 TOTAL AMO OF REFUN			1T	\$
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment			(	Credi	t Depo	osit A/C #:
Duplicate Payment			9			
No Fee Due (Explanation):						
			_			
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:TITLE:						
SIGNATURE: Hd 102 M 202						
######################################						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B